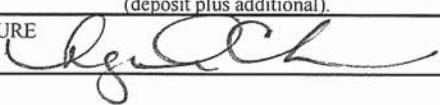


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY		
TRANSCRIPT ORDER						DUE DATE:	
<i>Please Read Instructions:</i>							
1. NAME Angela V. Colmenero			2. PHONE NUMBER (512) 475-4263		3. DATE 3/4/2015		
4. MAILING ADDRESS P.O. Box 12548, General Litigation Division			5. CITY Austin		6. STATE Tx	7. ZIP CODE 78711	
8. CASE NUMBER 1:14-cv-00254		9. JUDGE Andrew S. Hanen		DATES OF PROCEEDINGS 10. FROM 12/19/2014 11. TO 12/19/2014			
12. CASE NAME State of Texas, et al v. United States of America, et al			LOCATION OF PROCEEDINGS 13. CITY Brownsville 14. STATE Tx				
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				telephone conference		12/19/14	
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE 				PROCESSED BY			
19. DATE 3/4/2015				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
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